EXHIBIT C

| Case 06-10725-gwz Doc 8717-3 | 3Ente | ered 07/25/11 15:3 | 8:47 Page | 2 of 12 |
|--|---------------------------------|--|---|---|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | OOF OF CLAIM | | IIII IIII IIII IIII IIIIIIIIIIIIIIIIII |
| Name of Debtor | Case Number | | Schedule/Claım ID | |
| USA Commercial Mortgage Company | 06-107 | '25-LBR | Amount/Classificat | tion |
| OOA Commercial meregage company | 00 101 | | \$41 666 67 Unsec | ured |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars | scheduled by the D | ted above constitute your claim as ebtor or pursuant to a filed claim If |
| PEDRO L & CAROL A BARROSO TRUST DATED 11/29/90 C/O PEDRO LUIS BARROSO & (AROL ANN BARROSO TRUSTEE 3231 CAMBRIDGESHIRE ST | 01402 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address | other claim against this proof of claim E If the amounts sho Unliquidated or Di filed | amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be |
| LAS VEGAS, NV 89146 6223 | | differs from the address on the envelope sent to you by the | | ady filed a proof of claim with the or BMC you do not need to file again |
| Creditor Telephone Number (7c2) 876 - 4184 | | court | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replain rep | O DEOUGOLION | filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal ınjury/wrongful death | | salaries and compensation | | Other claims against service |
| Services performed Taxes | Last four | digits of your SS # | | (not for loan balances) |
| Money loaned | Unpaid c | ompensation for services pe | rformed from | to |
| 2 DATE DEBT WAS INCURRED | 3 IF C | OURT JUDGMENT, DATE O | RTAINED | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | | | time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you | our claim | Check this box if y | our claım ıs secur | ed by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of you | r claim is | a right of setoff) | | |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description of | | |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | | Other |
| entitled to priority | | Value of Collateral | \$ | |
| Amount entitled to priority \$ | | Amount of arrearage as secured claim if any | nd other charges | at time case filed included in |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | | | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | ш | Up to \$2 225* of deposits towa services for personal family o | | |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | vernmental units 11 | USC § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable para | | , , , ,, |
| | | * Amounts are subject to adjust with respect to cases commen | | |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED | | \$ | | \$ |
| (unsecured) | • | ecured) | (priority) | (Total) |
| Check this box if claim includes interest or other charges in addition to the | e principal | amount of the claim Attach ite | mized statement of | all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts, court judgments mortgages, security a DOCUMENTS If the documents are not available, explain. If the do | <i>ıments</i> , su agreement | ch as promissory notes, pures, and evidence of perfection | chase orders invo | oices, itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | • | envelope and copy of this |
| | , prevailir corporatio | ng Pacific time, on Novemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO | per 13, 2006 and | THIS SPACE FOR COURT USE ONLY |
| Attn USACM Claims Docketing Center P O Box 911 | Attn USA 1330 East | -r CM Claims Docketing Cente : Franklin Avenue lo CA 90245 | r Fl | ED OCT 0 4 2006 |
| DATE SIGN and print the name and title if any of the | creditor or o | other person authorized to file | | USA CMC |
| Soft 26 2006 Reference (attach copy of power of attorney) | - ? | PEORD L BALROS ALUL A BALROS | ა | 1072500317 |
| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment | for up to 5 y | ears or both 18 USC §§ 15 | 2 AND 3571 | O NEXT PAGE |

702 876 4184

| t | | 06-10725-awz Doc 8717 | | itered 07/25/11 15:3 | 38:47 Pag | e 3 of 12 |
|----------------------|---|---|---------------------------------|---|---|--|
| 1 | * JUNITED STATE | S BANKRUPTCY COURT CT OF NEVADA | | PROOF OF CLAIM | | IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| Nai | me of Debtor | | Case No | Case Number | | s32237 |
| | USA Commercial M | Iortgage Company | 06-10 | 725-LBR | Amount/Classificat | ion |
| | | iorigago odilipalij | 33-10 | , ===:(| \$72 99 Unsecured | |
| This arisi adm | form should not be used ing after the commencem- inistrative expense may be me of Creditor and | 11321240 OL A BARROSO | nt of an | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or | scheduled by the Do you agree with the a other claim against this proof of claim E | ted above constitute your claim as ebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor, you do not need to file XCEPT as stated below own above are listed as Contingent, |
| | C/O PEDRO LUIS | BARROSO & CAROL ANN BARROSO |) | BMC Group in this case | Unliquidated or Di | sputed, a proof of claim must be |
| | TRUSTEE 3231 CAMBRIDG LAS VEGAS, NV | | | Check box if this address differs from the address on the envelope sent to you by the | | ady filed a proof of claim with the or BMC you do not need to file again |
| Cre | ditor Telephone Number (| 702 876 4184 | | court | | E IS FOR COURT USE ONLY |
| | | other number by which creditor identifie | s debtor | Check here repla | res | |
| | | | | if this claim amer | r a previously | filed claim dated |
| 1 B | ASIS FOR CLAIM | | Retiree | benefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| 닏 | Goods sold | Personal injury/wrongful death | Wages | salaries, and compensation | (fill out below) | Other claims against servicer (not for loan balances) |
| 140 | Services performed | Taxes | | ır dıgıts of your SS # | | (not for loan dalances) |
| N. C. | Money loaned | Other (describe briefly) | Unpaid | compensation for services pe | erformed from | to (date) (date) |
| 2 D | ATE DEBT WAS INCUR | RED | 3 IF (| COURT JUDGMENT, DATE (| OBTAINED | (Jaco) |
| 1 | LASSIFICATION OF CLA | AIM Check the appropriate box or boxes the explanations | at best descr | be your claim and state the amou | nt of the claim at the | time case filed |
| 1 | SECURED NONPRIORIT | • | | SECURED CLAIM | | ad har adlabared (and) |
| | Check this box if a) there is | no collateral or lien securing your claim or b) perty securing it or if c) none or only part of your claim. | your claim our claim is | Check this box if y a right of setoff) Brief description o | | ed by collateral (including |
| UNS | SECURED PRIORITY CL | | | Real Estate | | Other |
| | Check this box if you have a entitled to priority | in unsecured claim all or part of which is | | Value of Collateral | | |
| | Amount entitled to priority | \$ | | Amount of arrearage a | nd other charges | at time case filed included in |
| | Specify the priority of the cla | | _ | secured claim, if any | | |
| | 0 | s under 11 U S C \S 507(a)(1)(A) or (a)(1)(B) sions (up to \$10 000)* earned within 180 days | L | Up to \$2 225* of deposits towa services for personal family of | | |
| ۳ | | cy petition or cessation of the debtor's | | Taxes or penalties owed to go | vernmental units 11 | USC § 507(a)(8) |
| | | e benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable part | • . | - ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | * Amounts are subject to adju- with respect to cases commen | | |
| | OTAL AMOUNT OF CLA AT TIME CASE FILED | | | \$ | | \$ |
| 1 | | (unsecured) | | (secured) | (pnority) | (Total) |
| | | udes interest or other charges in addition to | | | | |
| 7 5 | SUPPORTING DOCUM running accounts, contract | f all payments on this claim has been ci IENTS <u>Attach copies of supporting do</u> its, court judgments, mortgages, securit uments are not available explain If the | <i>cuments,</i> s y agreemer | uch as promissory notes, pur nts, and evidence of perfectio | rchase orders, inve on of lien DO NO | oices itemized statements of |
| | DATE-STAMPED COP proof of claim | Υ To receive an acknowledgment of t | the filing of | your claim, enclose a stampe | ed, self addressed | envelope and copy of this |
| 1 1 | ACCEPTED) so that it is | pleted proof of claim form must be se actually received on or before 5 00 p y (including individuals, partnerships | m, prevail , corporati | ing Pacific time, on Novemi | ber 13, 2006 and | THIS SPACE FOR COURT USE ONLY |
| | BMC Group Attn USACM Claims Docl ⊇O Box 911 | | BMC Gro Attn US 1330 Eas | oup ACM Claims Docketing Cente st Franklin Avenue | t | II FD OCT 0 4 2006 |
| DA | El Segundo CA 90245 09 | SIGN and print the name and title if any of t | he creditor of | ndo CA 90245 r other person authorized to file | | USA CMC |
| 5 | DETT 26 2006 | this claim (attach copy of power of atto | rney if any) | PEURO L BARRO CAROL A BARRO | 20 | 1072500318 |
| Pena | alty for presenting fraudulent o | claim is a fine of up to \$500 000 or imprisonme | ent for up to 5 | vears or both 18 USC 88 15 | 52 AND 3571 | 1-1-00- |

702-876-4184

See WEXT PAGE

| | 8717- <u>3</u> E | ntered 07/25/11 15:3 | 8:47 Page 4 of 12 |
|--|---|---|--|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PF | ROOF OF CLAIM | YOUR CLAIM IS SCHEDULED AS |
| Name of Debtor | Case | Number | Schedule/Claim ID s32238 |
| | | | Amount/Classification |
| USA Commercial Mortgage Company | 06-1 | 0725-LBR | \$5 769 23 Unsecured |
| PEDRO L & CAROL A BARROSO TRUST DATED 11/29/90 C/O PEDRO LUIS BARROSO & CAROL ANN BA TRUSTEE | payment of an 503 321240001402 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. |
| 3231 CAMBRIDGESHIRE ST LAS VEGAS, NV 89146 6223 | | differs from the address on the envelope sent to you by the | If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again |
| Creditor Telephone Number (742) 876 4184 | | court | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor is | dentifies debtor | Check here repla | a previously filed claim dated |
| 1 BASIS FOR CLAIM | Return | e benefits as defined in 11 U S | |
| Goods sold Services performed Taxes Other (describe briefly) | ath Wage Last f | s, salaries, and compensation our digits of your SS # d compensation for services pe | (fill out below) Other claims against services (not for loan balances) |
| 2 DATE DEBT WAS INCURRED | 3 IF | COURT JUDGMENT, DATE (| |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or be See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim. | | SECURED CLAIM Check this box if y | nt of the claim at the time case filed our claim is secured by collateral (including |
| exceeds the value of the property securing it or if c) none or only pentitled to priority | oart of your claim is | a right of setoff) Brief description of | collateral |
| UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which | ı ıs | Real Estate | Motor Vehicle |
| entitled to priority Amount entitled to priority \$ | | Value of Collateral | \$at time case filed included in |
| Specify the priority of the claim | | secured claim, if any | \$ |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a Wages salaries or commissions (up to \$10 000)* earned within | | Up to \$2 225* of deposits toward | rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | .oo aayo | | vernmental units 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | * Amounts are subject to adjus | graph of 11 U S C § 507(a) () treent on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment, |
| 5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED | \$ | \$ | \$ |
| (unsecured) | | (secured) | (pnority) (Total) |
| Check this box if claim includes interest or other charges in add 6 CREDITS The amount of all payments on this claim has be 7 SUPPORTING DOCUMENTS Attach copies of support running accounts contracts, court judgments mortgages, bocuments if the documents are not available explains 8 DATE-STAMPED COPY To receive an acknowledgm proof of claim | peen credited an ting documents, security agreem If the docume | d deducted for the purpose of r such as promissory notes pur ents, and evidence of perfection nts are voluminous, attach a su | naking this proof of claim chase orders, invoices, itemized statements of n of lien DO NOT SEND ORIGINAL mmary |
| The original of this completed proof of claim form mus ACCEPTED) so that it is actually received on or before for each person or entity (including individuals, partne governmental units) | 5 00 pm, preva | iling Pacific time, on Novemb | er 13, 2006 USE ONLY |
| BY MAIL TO BMC Group Attn USACM Claims Docketing Center | | | |
| P O Box 911 El Segundo CA 90245 0911 | | ast Franklin Avenue undo, CA 90245 | FILED OCT 0 4 2006 |
| DATE SIGN and print the name and title if a | any of the creditor | or other person authorized to file | |
| Soft 26 2006 William (attach copy of power | r of attorney if any | O OTHER DESIGNATION AND ASSESSION OF CARD L A BARRIO | 150 |
| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imp | risonment for un to | 5 years or both 18 U.S.C. 88 15 | 2 AND 2571 - 15/7 PAC |

esenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 357

SOE NEXT PAGE

FORM B10 (Official Form 10) (10/05)

| VI Compact of the Com | | |
|--|---|--|
| UNITED STATES BANKRUPTCY COURT | District of Nevada | PROOF OF CLAIM |
| Name of Dubtor USA Commercial Mortgage Company | Case Number 06-10725-LBR | |
| NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma | | |
| Name of Creditor (The person or other entity to whom the dubtor owes, money or property) Pensco Trust Company Custodian for Robert William Ulm IRA | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars | |
| Name and address where notices should be sent Robert W Ulm -Beneficiary 414 Morning Glory Road | Check box if you have never received an notices from the bankruptcy court in the case Check box if the address differs from the | S |
| St Marys GA 31558 Telephone number 912-673-6020 | address on the envelope sent to you by the court. | THIS STACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor 3748 | Check here if this claim ✓ replaces amends a previously to | iled claim dated 11/06/06 |
| 1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death | Retiree benefits as defined in Wages salaries, and comper Last four digits of your SS # Unpaid compensation for se | nsation (fill out below) |
| Taxes Other See Exhibit A | (date) | (date) |
| 2 Date debt was incurred 11/21/03 | 3 If court judgment, date obtain | ed |
| 4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 75,000 10.7.7.53 ✓ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ | Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Moto Value of Collateral \$ \(\text{L} \) Amount of arrearage and other chescured claim, if any \$ \(\text{9,862} \) Up to \$2 225* of deposits toward por services for personal family or \$ \(\text{8 507(a)(7)} \) Taxes or penalties owed to government of \$ \(\text{200} \) Amounts are subject to adjustment on \$ \(with respect to cases commenced on the course of the course | eral or Vehicle Other—— Jinknown arges at time case filed included in ourchase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)() All/107 and every 3 years thereafter in or after the date of adjustment 707,753 (Trighty) (Trighty) |
| 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are voluments are not available explain. If the documents are voluments are voluments are voluments are voluments. Sign and print the name and title if any of the sign and the | ents, such as promissory notes purchase cts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the | THIS SPACE IS FOR COURT USE ONLY FILED JAN 17 2007 |
| 01/08/06 file this claim that copy of power of attorn | ney, if any) | USA CMC |

EORM B10 (Official Form 10) (10/05)

| FURNIE DID (CINCIAL FORM TO) (TO/OS) | | | | |
|--|---|---|--|---|
| UNITED STAILS BANKRUPTCY COURT | Dis | TRICT OF_ | NEVADA | PROOF OF CLAIM |
| Name of Debtor | ame of Debtor Case Number | | | (1100) 01 02 mm |
| USA COMMENCIAL MORTEAGE COMPAN | y 06 | 0-1072 | 5-LBR | |
| NOTE. This form should not be used to make a claim for an administrative expense m | istrative exp | ense arising a pursuant to 1 | after the commencement 1 USC § 503 | |
| Name of Creditor (The person or other entity to whom the dubtor owns money or property) SANCHEZ LIVING TRUST DATED 19/13/05 E/D RANDY M SANCHEZ & SMARON SANCHEZ TRUSTEES Name and address where notices should be sent RANDY M SANCHEZ | else you givii | has filed a particulars ck box if you ces from the | i are aware that anyone roof of claim relating to ch copy of statement i. i have never received an bankruptcy court in this | |
| 5713 N WHITE SANDS RU RENO NU 895/1 Telephone number 775-852-2083 | ☐ Che | ck box if the | address differs from the ivelope sent to you by | THIS SPACE IS HOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | Che | ck here | feplaces amends a previously f | iled claim dated 8/10/06 |
| I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other EXAMPLE A | | ☐ Return Wage Last 1 | ee benefits as defined in es, salaries and comper four digits of your SS # aid compensation for se (date) | n 11 U S C § 1114(a) sation (fill out below) |
| 2 Date debt was incurred OCTORED 1, 2004 | 3. | if court j | udgment, date obtain | ed |
| 4. Classification of Claim. Check the appropriate box or boxes to See reverse side for important explanations. Unsecured Nonpriority Claim \$ 277,066.47 Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$ | which is or un 180 botor s *An | Secured Che a right of Brite Walt Amount of secured of Up to \$2 22 or services is \$507(a)(7) Taxes or per Other - Spennounts are so with respect | Claim cek this box if your claim setoff) ef Description of Collate Real Estate | ral or Vehicle Other ANKING WA arges at time case filed included in the property household use - 11 U S C penental units - 11 U S C § 507(a)(8) or of 11 U S C § 507(a)(1) All/107 and every 3 years thereafter in or after the date of adjustment |
| 5 Total Amount of Claim at Time Case Filed ☐ Check this box if claim includes interest or other charges in ac interest or additional charges | ~ | (unsecured) | (secured) umount of the claim At | (priority) (Total) tach itemized statement of all |
| 6. Credits The amount of all payments on this claim has bee making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts, contagreements and evidence of perfection of lien DO NOT SE documents are not available, explain if the documents are voltaged to the support of the support of the support of the support of claim. Date Sign and print the name and title, if any, of file this claim (attach copy of power of attach.) | ments such tracts, court ND ORIGII ummous at filing of you f the credito omey if an | as promisson judgments, i NAL DOCU tach a summ ir claim enc | ry notes, purchase mortgages, security [MENTS If the arry close a stamped self- | THIS SPACE IS FOR COURT USE ONLY ED JAN 12 2007 |
| 1/9/07 RANDY M SANCHEZ SHAREW SANCHEZ Penulty for presenting fraudulent claim. Fine of up to \$500 000 c | | ancel | Durches Durch | USA CMC |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | OF OF CLAIM | | |
|--|--|--|---|---|
| Name of Debtor | Case Nun | 775 LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address BARDARA M. SANCH & TORROW BOX OF SON | of an | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. | SECURED INTER | IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT |
| SANTA BARDARA, CA 93/90 Creditor Telephone Number 803 8989848 | 1 | Check box if this address differs from the address on the envelope sent to you by the court | Bankruptcy Court | BTORS eady filed a proof of claim with the or BMC you do not need to file again to SE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replace or fithis claim amen | a previously | filed claim dated |
| 1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly) |] Wages, sa Last four o | enefits as defined in 11 U S alanes and compensation (I | C § 1114(a) fill out below) 5 732 | Unremitted principal Other claims against services (not for loan balances) |
| | la ir oa | upt up outly part of | Brailes | (date) (date) |
| 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | URT JUDGMENT, DATE O | | the time case filed |
| See reverse side for important explanations | n post deserio | SECURED CLAIM | ant of the oranin at t | ito unito odoo mod |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority | | | | red by collateral (including |
| UNSECURED PRIORITY CLAIM | | Real Estate | ~ | e T Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | | |
| Amount entitled to priority \$ | | | | at time case filed included in |
| Specify the priority of the claim | | secured claim if any | | at time case nieu Bicuded III |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits towards | arri nurchaes leas | or rental of property or |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days | اسسا د | services for personal family of | | |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | | • |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable part * Amounts are subject to adjust with respect to cases commen | stment on 4/1/07 at | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ | | \$ | 1000 017 07 01107 1170 | \$ |
| AT TIME CASE FILED (unsecured) | (\$6 | ecured) | (priority) | (Total) |
| Check this box if claim includes interest or other charges in addition to the | he principal a | mount of the claim Attach ite | mized statement o | of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain if the county proof of claim 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | dited and de uments, suc agreements documents a | educted for the purpose of moths as promissory notes pure, and evidence of perfection are voluminous attach a sur | naking this proof chase orders inv of lien DO NO mmary | of claim roices, itemized statements of IT SEND ORIGINAL |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO-BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 DATE O SIGN and point the pame and title if any of the | BY HAND C BMC Grou Attn USAC 1330 East El Segund | p Pacific time, on Novembers, joint ventures, trusts and provide the policy of the pol | er 13, 2006 nd | THIS SPACE FOR COURT USE ONLY |
| DATE D-2 - 06 SIGN and print the prime and title if any of the this claim (attach copy of power of attorn) | mey if any | ears. por con aminorate to me | | |
| 1 1 1 1 1 2 0 C | | | | USA CMC |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

BARDARA M. SAWCA & T

USA CMC 1072500467

| FORM B10 (Official Form 10) (10/05) | | | |
|--|------------------------|--|--|
| UNITED STAILS BANKRUPTCY COURT | Dist | RICT OF NEVADA | PROOF OF CLAIM |
| Name of Dehtor | Case N | Number | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| USA COMMUNICAL MONTGAGE COMPANY | | 06-10725-LBR | _ |
| NOTI- This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may | trative expe | ense arising after the commencement | |
| of the case. A request for payment of an administrative expense ma | | | 4 |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) FIRST SAVINGS | | k box if you are aware that anyone has filed a proof of claim relating to | |
| BANK CUSTO DIAN FOR | your | claim Attach copy of statement | |
| RANDY SANCHEZ IRA | _ | ng particulars :k box if you have never received any | |
| Name and address where notices should be sent | notic | ces from the bankruptcy court in this | |
| RANDY SANCHEZ 5713 N WHITE SANDS RU RENO, NV 8951 | case ☐ Chec | ck box if the address differs from the | |
| RENDINU 89511 | addr | ess on the envelope sent to you by court. | THIS SPACE IS FOR COURT USE ONLY |
| Telephone number 775-852-2083 Last four digits of account or other number by which creditor | ~ | 1.1 532 | - la |
| identifies debtor | ıf th | is claim amends a previously fi | led claim dated 8/10/06 |
| 1 Basis for Claim | | Retiree benefits as defined in | |
| Goods sold | | ☐ Wages salaries and compens Last four digits of your SS # | |
| Services performed Money loaned | | Unpaid compensation for sei | |
| Personal injury/wrongful death | | from | to |
| Taxes SEE EXHIBIT A | | (date) | (date) |
| 2 Date debt was incurred | 3. | If court judgment, date obtaine | ed |
| MARCH 2004 | | | |
| 4 Classification of Claim. Check the appropriate box or boxes the | nat best des | | nt of the claim at the time case filed |
| See reverse side for important explanations Unsecured Nonpriority Claim \$ 347,031.95 | | Secured Claim | |
| Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority | ir claim or none or | a right of setoff) | is secured by collateral (including |
| | | | r Vehicle Other |
| Unsecured Priority Claim Check this box if you have an unsecured claim all or part of v | which is | | เทหพอเมีย |
| entitled to priority | | Amount of arrearage and other ch | arges at time case filed included in |
| Amount entitled to priority S | | secured claim, if any \$_5,1 | 20.25 |
| Specify the priority of the claim | | Up to \$2 225* of deposits toward p or services for personal family or l | eurchase, lease or rental of property |
| ☐ Domestic support obligations under 11 USC \$ 507(a)(1)(A) ((a)(1)(B) | | § 507(a)(7) | |
| (a)(1)(B) Wages, salaries, or commissions (up to \$10 000) * earned within | in 190 | Taxes or penalties owed to government | |
| days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \$ 507(a)(4) | tor s | Other - Specify applicable paragrap | |
| Contributions to an employee benefit plan - 11 U S C. § 507(a) | | mounts are subject to adjust <mark>ment o</mark> n o with respect to cases commenced of | |
| 5 Total Amount of Claim at Time Case Filed | | 347,031.95 347,031.95 | 347,031.95 |
| Check this box if claim includes interest or other charges in ad interest or additional charges | | (unsecured) (secured) | (priority) (Total) |
| 6. Credits The amount of all payments on this claim has been | n credited : | | THIS SPACE IS FOR COURT USE ONLY |
| making this proof of claim | | . FII | ED JAN 1 2 2007 |
| 7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts control. | | as promissory notes, purchase | - 041 T Z 5002 |
| agreements and evidence of perfection of lien DO NOT SER | ND ORIGI | NAL DOCUMENTS If the | |
| documents are not available explain. If the documents are volu | | ~ | |
| Date-Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim | uing of yo | ur ciaim, enclose a stamped self- | |
| Date Sign and print the name and title if any, of | | | |
| 1/10/07 file this claim (attach copy of power of atto | orney if an | by M SANCHEZ | , |
| 1110101 | KHN | יון דיין דיין | USA CMC |

Case 06-10725-gwz Doc 8717-3 Entered 07/25/11 15:38:47 Page 9 of 12 PROOF OF CLAIM Name of Debtor Case Number **USA Commercial Mortgage Company** 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers Check box if you are This form should not be used to make a claim for an administrative expense aware that anyone else has ansing after the commencement of the case. A "request" for payment of an IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 WHOSE LOAN IS BEING SERVICED BY THE to your claim Attach copy of Name of Creditor and Address statement giving particulars DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242039237 BORROWER HELD IN THE COLLECTION ACCOUNT Check box if you have TOPP, GARY never received any notices P O BOX 3008 from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT **GRASS VALLEY CA 95945** ONE OF THE DEBTORS Check box if this address if you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (2/2 27/-Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated . if this claim amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salaries and compensation (fill out below) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED VARIOUS 3 IF COURT JUDGMENT, DATE OBTAINED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED NONPRIORITY CLAIM \$ 4394.44

Check this box if a) there is no collateral or lien securing your claim or b) your claim SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle l Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family, or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (_____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments mortgages, security agreements and evidence of perfection of item DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED NOV 1 0 2006) Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file

this claim (attach copy of power of attorney if any)

| Case 06-107 <u>25-gwz </u> | ntered 07/25/11 15:38:47 | Page 10 of 12 |
|--|---|---|
| - UNITED STATES BANKRUPTCY COURT P | ROOF OF CLAIM | |
| DISTRICT OF NEVADA | | |
| Name of Debtor | Number | |
| The A 20 The Association of the Analysis of the Association of the Ass | -10725-LBR | |
| | related cases | |
| NOTE See Reverse for List of Debtors and Case Numbers | | |
| This form should not be used to make a claim for an administrative expense | Check box if you are aware that anyone else has | |
| artsing after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 | filed a proof of claim relating to | |
| Name of Creditor and Address | your claim Attach copy of statement giving particulars | |
| PenscoTrust Co.Inc., FBO ROBERT W. NI | M m | |
| | never received any notices | |
| 414 Mcming glory Rd. | | T FILE THIS PROOF OF CLAIM FOR A IED INTEREST IN A BORROWER THAT IS NOT |
| St Marys, GA 31558 | | F THE DEBTORS |
| 01 11.23-, 07, 31,000 | differs from the address on the If yo | u have already filed a proof of claim with the ptcy Court or BMC you do not need to file again. |
| Creditor Telephone Number 914 673 - 0020 | | IIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | The sections | |
| 2740 | check nere or ap | reviously filed claim dated |
| -2773 6 | Lamenus (e | serve the right to amend |
| Condensed Personal municipandal death | ee benefits as defined in 11 U.S.C. § 11 | |
| Tayes | es salaries, and compensation (fill out be | elow) Other claims against service (not for loan balances) |
| Last | four digits of your SS # | . 1 |
| | and compensation for services performed | |
| | ACYCLUTY SEATTACHED F COURT JUDGMENT, DATE OBTAINS | (date) (date) |
| 2 DATE DEBT WAS INCURRED. TO COSE 2003 - CONTINUAL 3 4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best or | | |
| See reverse side for important explanations | SECURED CLAIM | |
| UNSECURED NONPRIORITY CLAIM \$ 48,000 | Chack this hav if your claim | n is secured by collateral (including |
| Check this box if a) there is no collateral or lien securing your claim or b) your of exceeds the value of the property securing it, or if c) none or only part of your claim. | NOTE TO A CONTROL OF THE PARTY | |
| entitled to priority | Bnef description of collater | al |
| UNSECURED PRIORITY CLAIM | Real Estate Moto | or Vehicle Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | Value of Collateral \$ | 715,000 |
| Amount entitled to priority \$ | Amount of arrearage and other | charges at time case filed included in |
| Specify the priority of the claim | secured claim if any \$ COI | ntingent |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | Up to \$2 225* of deposits toward purch | asse lease or rental of property or |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | services for personal family or househ | rold use 11 USC § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) | Taxes or penalties owed to government | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | Other Specify applicable paragraph of | |
| | * Amounts are subject to adjustment on with respect to cases commenced on or | |
| 5. TOTAL AMOUNT OF CLAIM & CONTINGENT & UNI | guidated & claim | \$ |
| AT TIME CASE FILED (unsacured) | (secured) (pnont | y) (Total) |
| Check this box if claim includes interest or other charges in addition to the princ | pal amount of the claim. Attach itemized sta | atement of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been credited a | nd deducted for the purpose of making th | as proof of claim |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting documents | such as promissory notes purchase on | ders invoices itemized statements of |
| running accounts contracts court judgments, mortgages security agreen | ents and evidence of perfection of lien | DO NOT SEND ORIGINAL |
| DOCUMENTS If the documents are not available explain. If the docume B DATE-STAMPED COPY To receive an acknowledgment of the filing | | derpread anyologo and some of the |
| proof of claim | or your dain choose a stamped sen-at | dolessed envelope and copy of this |
| The original of this completed proof of claim form must be sent by in | | THIS SPACE FOR COURT |
| ACCEPTED) so that it is actually received on or before 5 00 pm previous for each person or entity (including individuals, partnerships, corpor | | 006 USE ONLY |
| governmental units) | • | |
| BMC Group BMC | ND OR OVERNIGHT DELIVERY TO Group | FILED NOV 0 6 2006 |
| | JSACM Claims Docketing Center | |
| | East Franklin Avenue jundo CA 90245 | |
| DATE SIGN and poxily the name and this If any of the credit | or other person authorized to file | USA CMC |
| this planth (attach ecopy of poverfice attorney if a | ny) | 41 B 0 (3 1 B 1) 100 (1) 10 0 10 16 6 10 |
| 11 01 2006 / Why 2 m | | 1072501043 |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PR | DOF OF CLAIM | .47 Page | |
|--|------------------------------|---|---|---|
| Name of Debtor | Case Number | | | |
| USA Commercial Morfgage Company | 06-10 | 725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A "request" for payment of | | Check box if you are aware that anyone else has filed a proof of claim relating | IF YOU ARE ONL | .Y OWED MONEY BY A BORROWER |
| Name of Creditor and Address 11321242039536 | ŝ | to your claim Attach copy of statement giving particulars Check box if you have | DEBTORS YOU DECLAIM THIS | BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT |
| WESTBROOK CONNIE 14320 GHOST RIDER DRIVE RENO NV 89511 | | never received any notices from the bankruptcy court or BMC Group in this case | | IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS |
| Creditor Telephone Number () | | Check box if this address differs from the address on the envelope sent to you by the court | Bankruptcy Court | eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of | debtor | Check here replace of this claim amen | | filed claim dated 12/2006 |
| 1 BASIS FOR CLAIM | Retiree | benefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| ☐ Gou*s sold ☐ Personal injury/wrongful death ☐ Services performe t ☐ Laxes | | salar es and compensation (| ull out below) | Other claims against service (not for loan balances) |
| Money (Janed Other (describe briefly) | | r digits of your SS # compensation for services pe | rformed from | to |
| See exhibit A | la un a | | , the oph A by a pro-yea | (date) (date) |
| 2 DATE DEBT WAS INCURRED 10.29,2003 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | OURT JUDGMENT, DATE On the your claim and state the amount of the state the | | he time case filed |
| | INE 4) | SECURED CLAIM | | |
| Check this box it a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority | your claim our claim is | a right of setoff) | | red by collateral (including |
| UNSECURED PRIORITY CLAIM | | Brief description of Real Estate | | e Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | | . / |
| Amount entitled to priority \$ | | Amount of arrearage ar | nd other charges | at time case filed included in |
| Specify the priority of the claim Domestic support oblig tions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | 1 | secured claim if any | | |
| Wages, salaries or continuous (up to \$10 000)* earned within 180 days | | Up to \$2 225* of deposits toware services for personal family of | ard purchase lease or household use -1 | or rental of property or 11 U.S.C. § 507(a)(7) |
| before filing of the bank uptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4) | | Taxes or penalties owed to go Other Specify applicable para | | * ''' |
| Contributions to an employee benefit plan 11 USC § 507(a)(5) | | * Amounts are subject to adjust with respect to cases commen | stment on 4/1/07 ar | nd every 3 years thereafter date of adjustment |
| TOTAL AMOUNT OF CLAIM \$ 148 453,92 \$ AT TIME CASE FILED (unsecured) | | 453.92 \$ | (pnonty) | \$ 148,453,92_ (Total) |
| Check this box if claim includes interest or other charges in addition to the | ne principal | amount of the claim Attach ite | mized statement of | of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCIJMENTS Attach copies of supporting docu- running accounts, contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the co | <i>uments,</i> s agreemen | uch as promissory notes pure ts, and evidence of perfection | chase orders inv | roices, itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | | d envelope and copy of this |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or | ı, prevaili | ng Pacific time, on Novemb | er 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 | BMC Gro | OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Cente st Franklin Avenue | er FILI | D JAN 1 0 2007 |
| El Segundo CA 90245-0911 | El Segur | ndo CA 90245 | | |
| DATE SIGN and print the name and title if any of the this claim (attach copy of boyer of attor | ne creditor of they if any) | or other person authorized to file | 1678 | USA CMC |
| | | | | 10/2001922 |

FORM B10 (Official Form 10) (10/05)

| United States Bankruptcy Court | | |
|--|---|---|
| Name of Dubtor | DISTRICT OF Nevada | PROOF OF CLAIM |
| | Case Number | THOO! OF CLAHVI |
| The Gride C | 0 06-10725-LBR | |
| NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in | istrative expense arising after the commencemental based on the state of the state | ent |
| Name of Creditor (The person or other entity to whom the | Check box if you are aware that anyon | e |
| dubtor owes money or property) | else has filed a proof of claim relating your claim Attach copy of statement | to |
| CRAIG WISCH | giving particulars | |
| Name and address where notices should be sent | Check box if you have never received | any |
| CKAIG WISCH ZIU ANDREW AVE | notices from the bankruptcy court in the case | his |
| NAUGANCK CT 06770 | Check box if the address differs from the | ne |
| Telephone number | address on the envelope sent to you by the court | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | Check here replaces | |
| | if this claim amends a previously | filed claim dated |
| 1 Basis for Claim | Retiree benefits as defined | |
| Goods sold Services performed | Wages salaries and compo Last four digits of your SS | ensation (fill out below) |
| Money loaned | Unpaid compensation for s | |
| Personal injury/wrongful death Taxes | from | |
| Other SEE EXITIBIT H | (date) | (date) |
| 2 Date debt was incurred AUG, 8, 2022 | 3 If court judgment, date obtain | ned |
| 4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations | at best describe your claim and state the amou | unt of the claum at the time care Stad |
| See reverse side for important explanations Unsecured Nonpriority Claim \$ 158.684.64 | Secured Claim | and of the claim at the time case med |
| | Check this how if your class | m is secured by collateral (including |
| Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) rouly part of your players extend to the property securing it or if c) rouly part of your players. | a right of setoff) | in is secured by contaieral (including |
| only part of your claim is enfitted to priority | Brief Description of Collai | teral |
| Unsecured Priority Claim | Real Estate Moto | or Vehicle Other |
| Check this box if you have an unsecured claim all or part of wentitled to priority | hich is Value of Collateral $\$ \overline{\mathcal{U}}$ | NKM in out |
| Amount entitled to priority \$ | Amount of arrearage and other classification secured class if any \$37.0 | harges <u>at time case filed</u> included in 74 32. |
| Specify the priority of the claim | Up to \$2,225* of denosits toward | ourchase lease, or rental of property |
| Domestic support obligations under 11 USC \$ 507(a)(1)(A) or | or services for personal family or \$ 507(a)(7) | household use - 11 U S C |
| Wages salaries or commissions (up to \$10 000) * earned within | Taxes or penalties owed to government | nental units - 11 U S C § 507(a)(8) |
| days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C \ 507(a)(4) | or s U Other - Specify applicable paragraph | |
| Contributions to an employee benefit plan - 11 U S C § 507(a) | | 4/1/07 and every 3 years thereafter |
| 5 Total Amount of Claim at Time Case Filed | \$15568464 158684.64 | |
| Check this box if claim includes interest or other charges in additional charges | | 1000 0 7 07 |
| 6 Credits The amount of all payments on this claim has been of | | |
| manageme proof of claim | | THIS SPACE IS FOR COURT USE ONLY |
| 7 Supporting Documents Attach copies of supporting document | nts such as promissory notes, purchase | |
| orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SEND | te court andomonto | |
| explain if the documents are volum | mous attach a summary | |
| Date-Stamped Copy To receive an acknowledgment of the file | TRE OF VOUR claim, enclose a stamped self | |
| the state of the s | | 999 |
| Date Sign and print the name and title, if any of the file this claim (attach copy of power of attorned) | e creditor or other person authorized to | 18N 12 CO |
| 11012m 711 | · ·····// | FILED JAN 12 2007 |
| Panelty for presenting to the Court | | LISA CMC |

Penalty for presenting fraudulent stain Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC

USA CMC